

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

ADDRESS (number and street) ▼

655 Beach Street

☐ Check if different than previously reported. (ACC)

San Francisco

CA

94109

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00196246

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Year-End Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☒Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

PRE-Election

☐

Convention (12C)

☐

Special (12S)

Report for the:

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

POST-Election

☐

Report for the:

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Steven Rausch

Signature of Treasurer

Steven Rausch

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y 11 / 01 / 2013 To: M M / D D / Y Y Y Y Y 11 / 30 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2013		292506.39
(b) Cash on Hand at Beginning of Reporting Period.....	329495.86	
(c) Total Receipts (from Line 19)	137286.76	612143.18
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	466782.62	904649.57
7. Total Disbursements (from Line 31)	4452.90	442319.85
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	462329.72	462329.72
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	1		2	0	1	3		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		3	0		2	0	1	3		

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	113494.06	499235.00
(ii) Unitemized	23792.70	109408.18
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	137286.76	608643.18
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	137286.76	608643.18
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	3500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	137286.76	612143.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	137286.76	612143.18

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	87.90	2210.43
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	87.90	2210.43
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	435500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	365.00	4609.42
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	365.00	4609.42
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4452.90	442319.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4452.90	442319.85

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	137286.76	608643.18
34. Total Contribution Refunds (from Line 28(d))	365.00	4609.42
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	136921.76	604033.76
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	87.90	2210.43
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	87.90	2210.43

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 90

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Thomas Aaberg Jr.

Mailing Address 2081 Hunters Run NE

City State Zip Code
 Ada MI 49301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 06 / 2013

Transaction ID : FEF09FA9-BCF9-43DB-9

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. David Aizuss

Mailing Address 16311 Ventura Blvd Ste 750

City State Zip Code
 Encino CA 91436-4325

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 14 / 2013

Transaction ID : 6D081788-545C-4170-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Belu Allam

Mailing Address 1250 Cypress Station Dr Ste A

City State Zip Code
 Houston TX 77090

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 27 / 2013

Transaction ID : DB1E3970-ED3E-4741-8

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1050.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Omar Almallah

Mailing Address 20 Mule Rd

City State Zip Code
Toms River NJ 08755-5028

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 05 / 2013

Transaction ID : E986139C-B971-4566-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Chad Anderson

Mailing Address 1811 W Royal Hunte Dr Ste 1

City State Zip Code
Cedar City UT 84720-8174

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1158.33

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : DE72CCB8-8AB9-4A17-A

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Andrew Antoszyk

Mailing Address 4832 Sentinel Post Road

City State Zip Code
Charlotte NC 28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 05 / 2013

Transaction ID : C875FE32-9DDD-4681-9

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1083.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Andrew Antoszyk

Mailing Address 4832 Sentinel Post Road

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 15 / 2013

Transaction ID : B911DE7D-A7D5-4142-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Pablo Miguel Miguel Arregui

Mailing Address 605 W East Ave

City

Chico

State

CA

Zip Code

95926-7201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

11 / 05 / 2013

Transaction ID : 03D31DE3-E27E-4686-A

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Kidane Assefa

Mailing Address PO Box 302682

City

St Thomas

State

VI

Zip Code

00803-2682

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 17 / 2013

Transaction ID : 81A0BE64-93AB-4CC8-8

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Robert Avery

Mailing Address 5 Via Encanto

City State Zip Code
 Santa Barbara CA 93108-1774

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 14 / 2013

Transaction ID : 39F0318E-CCDE-49B7-B

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Carl Baker

Mailing Address 1903 Broadway St

City State Zip Code
 Paducah KY 42001-7105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 18 / 2013

Transaction ID : 7DA3F8BB-3ED3-4BAD-8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

c. N. Douglas Baker

Mailing Address Ophthalmic Surgeons & Consultants
 262 Neil Ave Ste 430

City State Zip Code
 Columbus OH 43215-2362

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 08 / 2013

Transaction ID : B59A391C-2F0B-44C6-9

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

1095.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Brock Bakewell

Mailing Address 5599 N Oracle Rd

City State Zip Code
Tucson AZ 85704-3821

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 16 / 2013

Transaction ID : F1F330AF-FCD6-4FD4-8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. E. Michael Balok

Mailing Address 4050 River Rd

City State Zip Code
East China MI 48054-2908

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 05 / 2013

Transaction ID : 20DC36FE-A242-4A52-A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Rulon Beesley

Mailing Address #102
44404 16th St W

City State Zip Code
Lancaster CA 93534-2839

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

398.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 05 / 2013

Transaction ID : 08B65022-3796-4894-9

Amount of Each Receipt this Period

199.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1564.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 OF 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Robert Behar

Mailing Address 2610 E Allegheny Ave

City

Philadelphia

State

PA

Zip Code

19134-5104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 16 / 2013

Transaction ID : 05464F3C-DF40-4805-A

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Rick Bendel

Mailing Address 4500 San Pablo Rd

City

Jacksonville

State

FL

Zip Code

32224

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 16 / 2013

Transaction ID : 6B527473-4B75-4BD4-8

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Perry Binder

Mailing Address 2500 6th Ave

Unit 307

City

San Diego

State

CA

Zip Code

92103-6630

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 14 / 2013

Transaction ID : 3212D063-B39B-45DC-A

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

1665.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Robert Block

Mailing Address 12 Curtis St

City State Zip Code
 Meriden CT 06450-5900

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

11 / 15 / 2013

Transaction ID : 5E7220F3-BE22-45BC-8

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Steven Bodine

Mailing Address Retina Consultations
 915 Palmer Road

City State Zip Code
 Bronxville NY 10708

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.67

Date of Receipt

11 / 06 / 2013

Transaction ID : CBA0E826-B0E3-4B3C-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. David Bogorad

Mailing Address 2509 Walton Way

City State Zip Code
 Augusta GA 30904-4561

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

368.37

Date of Receipt

11 / 15 / 2013

Transaction ID : C473DC8F-985B-4322-B

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)..... ►

572.09

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 13 OF 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. John Bormes

Mailing Address 12932 Ironwood Dr

City

Aberdeen

State

SD

Zip Code

57401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 07 / 2013

Transaction ID : 3FB75C39-2751-4F33-8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Karyn Bourke

Mailing Address 748 State St

City

Medford

State

OR

Zip Code

97504-8473

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 15 / 2013

Transaction ID : 4ABC7D6E-00C9-43B8-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Robert Burlingame

Mailing Address 1303 N Travis St

City

Sherman

State

TX

Zip Code

75092-5138

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

11 / 04 / 2013

Transaction ID : AD23E048-BA17-4493-A

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Henry Burnett

Mailing Address 110 Oakwood Dr Ste 380

City State Zip Code
Winston Salem NC 27103-1958

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 16 / 2013

Transaction ID : 7FD9402E-23C1-4A7D-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Frank Burns

Mailing Address 13324 Shelbyville Rd.

City State Zip Code
Louisville KY 40223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.97

Date of Receipt

11 / 15 / 2013

Transaction ID : DABEC98D-3FB6-4E97-A

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Terry Burris

Mailing Address 6950 SW Hampton St

City State Zip Code
Portland OR 97223-8329

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 05 / 2013

Transaction ID : 9AAE81FA-D726-4077-9

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

633.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Terry Burris

Mailing Address 6950 SW Hampton St

City State Zip Code
 Portland OR 97223-8329

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 05 / 2013

Transaction ID : B8484215-E10D-483C-8

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Carlos Buznego

Mailing Address Ste 400E
 8940 N Kendall Dr

City State Zip Code
 Miami FL 33176-2149

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 18 / 2013

Transaction ID : 3206F079-D103-4E58-8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Charles Calhoun

Mailing Address 2616 Warm Springs Rd

City State Zip Code
 Columbus GA 31904-5323

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 15 / 2013

Transaction ID : 772E2A87-D0DA-4B04-B

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

715.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Charles Campbell

Mailing Address Ste 200

5540 Saratoga Blvd

City

Corpus Christi

State

TX

Zip Code

78413-2953

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 15 / 2013

Transaction ID : 6B1C6A2C-3963-4192-8

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Richard Cape

Mailing Address PO Box 647

City

Dyersburg

State

TN

Zip Code

38025

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

730.00

Date of Receipt

11 / 26 / 2013

Transaction ID : 5FB147AF-9ADD-42BC-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Brian Cavallaro

Mailing Address 7075 N Sharon Ave

City

Fresno

State

CA

Zip Code

93720-3329

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 27 / 2013

Transaction ID : F02AB9AD-D165-4DCE-8

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1615.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Steven Charles

Mailing Address 6401 Poplar Ave Ste 190

City

Memphis

State

TN

Zip Code

38119-4810

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 04 / 2013

Transaction ID : 64EEA1E2-69DF-4340-B

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Mark Chittum

Mailing Address 2770 N. Union Blvd.
Suite 140

City

Colorado Springs

State

CO

Zip Code

80909-1183

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 16 / 2013

Transaction ID : A7F59447-0320-4204-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Jeffrey Chung

Mailing Address PO Box 1439

City

Laurel

State

MD

Zip Code

20725-1439

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

11 / 15 / 2013

Transaction ID : C6815E09-2BDE-429F-A

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Grace Cincirpini

Mailing Address 514 - 34th Ave

City
Seattle

State
WA

Zip Code
98122-6472

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 25 / 2013

Transaction ID : 53D3E2D6-C113-46BC-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Donald Cinotti

Mailing Address 600 Pavonia Ave
6th Fl

City
Jersey City

State
NJ

Zip Code
07306-2932

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

11 / 15 / 2013

Transaction ID : DAC22638-3725-42A5-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. S. William William Clark

Mailing Address 502 Isabella St

City
Waycross

State
GA

Zip Code
31501-3638

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2291.63

Date of Receipt

11 / 15 / 2013

Transaction ID : 68501D8F-B93A-492E-B

Amount of Each Receipt this Period

208.33

SUBTOTAL of Receipts This Page (optional)..... ►

1208.33

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Steven Cohen

Mailing Address 4344 Central Ave

City State Zip Code
 St Petersburg FL 33711

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 15 / 2013

Transaction ID : 630B5961-3C49-4510-9

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Peter Jeffrey Colquhoun

Mailing Address Ste 203
 3600 Capital Ave SW

City State Zip Code
 Battle Creek MI 49015-9393

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 17 / 2013

Transaction ID : 269ACDD3-45F7-46EA-B

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

c. Mandi Conway

Mailing Address 10650 W Tropicana Cir

City State Zip Code
 Sun City AZ 85351-1856

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 16 / 2013

Transaction ID : 1F425C7D-1AE9-42D0-9

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

2115.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Russell Crain

Mailing Address Ste B

11011 Hefner Pointe Dr

City

Oklahoma City

State

OK

Zip Code

73120-5005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 01 / 2013

Transaction ID : 55046C0B-BDD5-4358-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Joseph Crapotta

Mailing Address 12 Knolls Dr

City

New Hyde Park

State

NY

Zip Code

11040-1146

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

11 / 01 / 2013

Transaction ID : 52562493-498D-42B7-8

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Bill Davenport

Mailing Address 2090 SE Ocean Boulevard

City

Stuart

State

FL

Zip Code

34996

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

11 / 20 / 2013

Transaction ID : 75CA3814-E0E8-464D-B

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1065.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Sujote David

Mailing Address 18980 w 115th Terr

City State Zip Code
Olathe KS 66061

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

398.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 14 / 2013

Transaction ID : 2D061908-6ACF-40E4-8

Amount of Each Receipt this Period

199.00

Full Name (Last, First, Middle Initial)

B. Brent Davidson

Mailing Address 1011 Bowles Ave Ste 415

City State Zip Code
Fenton MO 63026-2387

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 18 / 2013

Transaction ID : 1FFA74FB-F805-4BAD-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Daniel Day

Mailing Address 1625 Cedar Lake Pkwy

City State Zip Code
Minneapolis MN 55416-3613

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 05 / 2013

Transaction ID : 2E6F2D8E-FD54-4B72-8

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1064.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Adam Debusk

Mailing Address 4619 Vanessa Ln

City State Zip Code
 Erie PA 16506-4017

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 07 / 2013

Transaction ID : 75CE4E87-B399-481C-8

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Anthony DeMarco

Mailing Address 105 Trinity Pl

City State Zip Code
 Athens GA 30607-2112

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 16 / 2013

Transaction ID : A6471004-02AE-430A-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Anna Luisa Di Lorenzo

Mailing Address Ste B
 2877 Crooks Rd

City State Zip Code
 Troy MI 48084-4717

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 06 / 2013

Transaction ID : EEA53A17-4FB9-40D1-9

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. John Downing

Mailing Address 985 Matlock Road

City

Bowling Green

State

KY

Zip Code

42104-7408

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

564.00

Date of Receipt

11 / 05 / 2013

Transaction ID : D161203E-EC8A-4583-8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Srinivas Dutt

Mailing Address 12214 Cortez Blvd

City

Brooksville

State

FL

Zip Code

34613-2631

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

398.00

Date of Receipt

11 / 11 / 2013

Transaction ID : 906D4DB4-2CEE-406C-B

Amount of Each Receipt this Period

199.00

Full Name (Last, First, Middle Initial)

C. Robert Malcolm Edwards

Mailing Address 1240 Colonial Commons Ct

City

Lancaster

State

SC

Zip Code

29720-2200

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

11 / 21 / 2013

Transaction ID : 44CCE5E2-3177-45EF-B

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

929.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. David Eichenbaum

Mailing Address 1211 43rd Ave N

City

St Petersburg

State

FL

Zip Code

33703-4435

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 05 / 2013

Transaction ID : C2792C13-494A-43E5-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Michael Elman

Mailing Address Ste 310

9114 Philadelphia Rd

City

Baltimore

State

MD

Zip Code

21237-4350

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1334.58

Date of Receipt

11 / 15 / 2013

Transaction ID : 8D05CE42-5CE3-4AB5-A

Amount of Each Receipt this Period

30.38

Full Name (Last, First, Middle Initial)

C. Geoffrey Emerson

Mailing Address Ste 304

710 E 24th St

City

Minneapolis

State

MN

Zip Code

55404-3846

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 15 / 2013

Transaction ID : CEA35437-3181-4067-B

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

780.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. John Stuart Ettenson

Mailing Address 1 Theall Rd

City State Zip Code
Rye NY 10580-1404

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 10 / 2013

Transaction ID : B3674159-A674-4F0E-A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Keith Fisher

Mailing Address 909 9th Avenue
Suite 404

City State Zip Code
Fort Worth TX 76104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 15 / 2013

Transaction ID : 918FF750-FA85-487C-B

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. James Fleming

Mailing Address Ste 100
930 Madison Ave

City State Zip Code
Memphis TN 38163-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 14 / 2013

Transaction ID : 01F6B7C2-8D21-4245-9

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1050.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Jerry Ford

Mailing Address 2020 Fleischmann Rd

City

Tallahassee

State

FL

Zip Code

32308-4599

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.62

Date of Receipt

11 / 15 / 2013

Transaction ID : 0BDCBFB9-4CFB-453A-8

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Peter Forgach

Mailing Address 405 International Dr

City

Williamsville

State

NY

Zip Code

14221-5725

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.00

Date of Receipt

11 / 08 / 2013

Transaction ID : DE2A62CD-1CA2-4604-9

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Jean Fortin

Mailing Address 2800 Ross Clark Circle Suite 1

City

Dothan

State

AL

Zip Code

36301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 01 / 2013

Transaction ID : 72474415-5821-4B5B-A

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

760.42

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Aaron Fortney

Mailing Address 3119 N 14th St

City State Zip Code
 Bismarck ND 58503-0664

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 20 / 2013

Transaction ID : EB0AB86F-6ECA-499E-B

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Laura Fox

Mailing Address 416 North Bedford #300

City State Zip Code
 Beverly Hills CA 90210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

11 / 05 / 2013

Transaction ID : 82E98BE1-263D-4042-B

Amount of Each Receipt this Period

1050.00

Full Name (Last, First, Middle Initial)

C. Raul Franceschi

Mailing Address Ste 707
 29 Calle Washington

City State Zip Code
 San Juan PR 00907-1503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 15 / 2013

Transaction ID : 88ED9C17-7ECA-4275-8

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

2300.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. K. Bailey Freund

Mailing Address 460 Park Ave
 FI 5

City State Zip Code
 New York NY 10022-1858

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 20 / 2013

Transaction ID : 4C9D2D69-E24E-4F4A-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. S. Samuel Gelbart

Mailing Address Ste 640
 490 Post St

City State Zip Code
 San Francisco CA 94102-1418

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 08 / 2013

Transaction ID : FC7C6DF5-701F-47A9-9

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. David Gerstenfeld

Mailing Address 4299 Hylan Blvd

City State Zip Code
 Staten Island NY 10312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 05 / 2013

Transaction ID : 86794A29-9CC2-442B-9

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

2000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Michael Gilbert

Mailing Address 12301 NE 10th Pl Ste 200

City State Zip Code
Bellevue WA 98005-2487

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

681.22

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 16 / 2013

Transaction ID : 5BA93576-CC11-4BD5-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Robert Gilliam

Mailing Address PO Box 3330

City State Zip Code
Victoria TX 77903-3330

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

564.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 18 / 2013

Transaction ID : EA127FF7-AB30-4615-B

Amount of Each Receipt this Period

199.00

Full Name (Last, First, Middle Initial)

C. Yosef Gindzin

Mailing Address 750 E Beltline Ave NE

City State Zip Code
Grand Rapids MI 49525-6049

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : 1E7BDCC3-2F8E-4F98-B

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1199.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Vincent Mark Gioia

Mailing Address 2230 Sunset Blvd
Suite #1

City State Zip Code
Steubenville OH 43952

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 18 / 2013

Transaction ID : 42E44E31-7996-4DFE-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Robert Gold

Mailing Address 790 Concourse Parkway South
Suite 200

City State Zip Code
Maitland FL 32751

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.20

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : 3C7435B8-BC94-4798-9

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Victor Gonzalez

Mailing Address P.O. Box 4830

City State Zip Code
Edinburg TX 78540

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : 44977F34-F858-494E-9

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1030.42

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Stephen Goode

Mailing Address 602 rhonda road

City State Zip Code
keller TX 76248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 29 / 2013

Transaction ID : E0CB8EFB-A99F-4E86-8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Eric Guglielmo

Mailing Address 7708 S Luck Ln

City State Zip Code
Spokane WA 99224-7439

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : 467D4CC8-AE4D-465C-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Michael Guillory

Mailing Address Ste 100
3209 N 4th St

City State Zip Code
Longview TX 75605-5145

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 26 / 2013

Transaction ID : BB2B8C76-D84B-4572-8

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

1230.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. John Hagan

Mailing Address 9401 N Oak Trfy Ste 200

City State Zip Code
 Kansas City MO 64155-3393

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

11 / 15 / 2013

Transaction ID : FF93CBBA-A0AF-43CF-B

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Lealis Hale

Mailing Address 619 Cambridge Avenue

City State Zip Code
 Fort Walton Beach FL 32547

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 16 / 2013

Transaction ID : 6793A5E9-FD30-4D88-B

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Donald Hall Jr.

Mailing Address 3303 Indiana Ave

City State Zip Code
 Vicksburg MS 39180-4540

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

449.00

Date of Receipt

11 / 18 / 2013

Transaction ID : 980AC781-D660-4A69-A

Amount of Each Receipt this Period

199.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

647.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Lawrence Halperin

Mailing Address 5882 Windsor Ter

City

Boca Raton

State

FL

Zip Code

33496-2758

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 16 / 2013

Transaction ID : AFF23AB3-DA5A-41BA-8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Clio Harper III

Mailing Address Ste 300

801 W 38th St

City

Austin

State

TX

Zip Code

78705-1167

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 04 / 2013

Transaction ID : 14EDF0B6-3925-4999-8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Thomas Harper

Mailing Address Ste 410

4121 Dutchmans Ln

City

Louisville

State

KY

Zip Code

40207-4733

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 17 / 2013

Transaction ID : CF994E5D-43F7-4F4D-A

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1095.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Jean Hausheer

Mailing Address 29 NW Burr Oak Dr

City State Zip Code
Lawton OK 73507-8923

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.67

Date of Receipt

11 / 16 / 2013

Transaction ID : 471D530B-7E48-4966-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Sebastian Heersink

Mailing Address 2800 Ross Clark Cir

City State Zip Code
Dothan AL 36301-2040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1199.00

Date of Receipt

11 / 14 / 2013

Transaction ID : A3F867AD-1B25-46B8-A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Jeffrey Hertz

Mailing Address 79 Wawecus St Ste 105

City State Zip Code
Norwich CT 06360-2178

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 20 / 2013

Transaction ID : C4403DC4-59F3-469C-9

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. John Hinrichsen

Mailing Address 10200 Westwind Dr

City

Shreveport

State

LA

Zip Code

71106-8230

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

564.00

Date of Receipt

11 / 07 / 2013

Transaction ID : 258CA66C-E3A1-47C1-A

Amount of Each Receipt this Period

199.00

Full Name (Last, First, Middle Initial)

B. John Hofbauer

Mailing Address Ste 300

416 N Bedford Dr

City

Beverly Hills

State

CA

Zip Code

90210-4309

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 05 / 2013

Transaction ID : 8B555BDE-22CE-44DB-8

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. John Holds

Mailing Address 12990 Manchester Rd Ste 102

City

Des Peres

State

MO

Zip Code

63131-1860

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

11 / 17 / 2013

Transaction ID : 312FD08E-B11D-47AB-9

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1699.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Douglas Holmes

Mailing Address 307 S Jackson St

City

Casper

State

WY

Zip Code

82601-2908

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 16 / 2013

Transaction ID : C16436E9-6EFD-4389-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Aaron Holtebeck

Mailing Address 200 S Water St Unit 108

City

Milwaukee

State

WI

Zip Code

53204-1497

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 16 / 2013

Transaction ID : 05ABE704-3717-4F9E-B

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. David Hunter

Mailing Address 300 Longwood Ave

City

Boston

State

MA

Zip Code

02115-5724

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.63

Date of Receipt

11 / 15 / 2013

Transaction ID : DF3A0641-4D6C-4177-9

Amount of Each Receipt this Period

22.38

SUBTOTAL of Receipts This Page (optional)..... ►

887.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Alvina Janda

Mailing Address 4603 Merilane Ave

City State Zip Code
Edina MN 55436-1337

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

274.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 08 / 2013

Transaction ID : 2520CCA5-6AF3-4AC1-B

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. Robert Janigian

Mailing Address 120 Dudley St Ste 303

City State Zip Code
Providence RI 02905-2429

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 15 / 2013

Transaction ID : AD77B9A3-0D84-4396-A

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. David Johnson

Mailing Address 10619 N Hayden Rd Ste 101

City State Zip Code
Scottsdale AZ 85260-8510

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 18 / 2013

Transaction ID : 70C2DAA8-AFAB-46AA-A

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

616.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. David Jones

Mailing Address 2845 Farrell Crescent

City State Zip Code
Owensboro KY 42303-1393

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 17 / 2013

Transaction ID : C6ADF92F-EEFC-435D-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Jerome Jordan

Mailing Address 200 Mifflin Avenue

City State Zip Code
Scranton PA 18503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

11 / 29 / 2013

Transaction ID : 6F2BBD3D-2F5B-4118-9

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Jody Judge

Mailing Address Ste 212
61 Lincoln St

City State Zip Code
Framingham MA 01702-8264

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 08 / 2013

Transaction ID : 72C1DC88-D795-40BD-B

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

656.67

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Jeffrey Ward Kalenak

Mailing Address 2600 N Mayfair Rd
Ste 600

City Milwaukee State WI Zip Code 53226-1374

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

11 / 08 / 2013

Transaction ID : E808F538-89BD-4317-A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Philip Kath

Mailing Address 335 East Parker Road

City Morganton State NC Zip Code 28655

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 20 / 2013

Transaction ID : 3C8CB41C-9039-408A-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Sanjay Kedhar

Mailing Address 7 S Oxford St Apt 2

City Brooklyn State NY Zip Code 11217-1357

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 16 / 2013

Transaction ID : 0DF0D643-F6B1-422A-9

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

2000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Curtin Kelley

Mailing Address 262 Neil Ave
Ste 320

City State Zip Code
Columbus OH 43215-7311

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

11 / 15 / 2013

Transaction ID : DBD7ED425DA24CBCB79;

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Keith Kellum

Mailing Address 446 Corporate Dr

City State Zip Code
Houma LA 70360-2461

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

699.00

Date of Receipt

11 / 01 / 2013

Transaction ID : 4072CDB8-351B-4ECA-8

Amount of Each Receipt this Period

199.00

Full Name (Last, First, Middle Initial)

C. Craig King

Mailing Address Ste 100
3209 N 4th St

City State Zip Code
Longview TX 75605-5145

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.20

Date of Receipt

11 / 15 / 2013

Transaction ID : 5E03E03C-9C27-4BF7-A

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

594.42

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Judith Kirby

Mailing Address 4209 Bordeaux Ave

City State Zip Code
 Dallas TX 75205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

11 / 15 / 2013

Transaction ID : 4ED8E9B3-D684-47EF-8

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Jerry Knauer III

Mailing Address 2535 Riverside Ave

City State Zip Code
 Jacksonville FL 32204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 16 / 2013

Transaction ID : D7A69D49-D1D2-47A3-A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Brian Kosobucki

Mailing Address 5604 Pine Rock Court

City State Zip Code
 Wake Forest NC 27587

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 15 / 2013

Transaction ID : E3DCBE29-7C05-40F6-A

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1333.33

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Ronald Kuffel

Mailing Address 5656 S Staples St
Ste 280

City State Zip Code
Corpus Christi TX 78411-4655

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 15 / 2013

Transaction ID : 5A279FDA-8414-4F30-9

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kristine Kunesch-Part

Mailing Address 2601 Far Hills Ave

City State Zip Code
Dayton OH 45419-1634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 05 / 2013

Transaction ID : CF49FF56-ECF3-449D-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. John Kung

Mailing Address 23 Oceanic Ave

City State Zip Code
Staten Island NY 10312-6511

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

699.00

Date of Receipt

11 / 20 / 2013

Transaction ID : 2F83D0C2-D9B7-4D4A-A

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1865.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Scott Lampert

Mailing Address 620 River Chase Pt NW

City State Zip Code
 Atlanta GA 30328-3554

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 15 / 2013

Transaction ID : D5AE1F67-1DAB-4F82-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Adrian Lavina

Mailing Address 3399 PGA Boulevard
 Suite 350

City State Zip Code
 Palm Beach Gardens FL 33410

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 26 / 2013

Transaction ID : 16536DD6-92F5-44A2-A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Harry Lebowitz

Mailing Address 3501 Silverside Rd

City State Zip Code
 Wilmington DE 19810-4910

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 05 / 2013

Transaction ID : AB4298BA-E212-45E3-8

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

1730.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Andrew Lee

Mailing Address 6560 Fannin St
Scurlock 450

City Houston State TX Zip Code 77030

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 18 / 2013

Transaction ID : 1380788A-8460-4C73-B

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Katherine Lee

Mailing Address 222 N 2nd St Ste 215

City Boise State ID Zip Code 83702-6130

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 16 / 2013

Transaction ID : 09401950-D49B-4211-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Rick Leoni

Mailing Address Ste A
203 Rue Louis Xiv

City Lafayette State LA Zip Code 70508-5736

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 08 / 2013

Transaction ID : 1249CCC7-151B-46A2-B

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Cecily Lesko

Mailing Address 1005 Clifton Ave Ste 1

City State Zip Code
 Clifton NJ 07013-3561

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 16 / 2013

Transaction ID : 1F16702A-D370-4F16-A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Andrew Levada

Mailing Address 1201 W Main St Ste 100

City State Zip Code
 Waterbury CT 06708-3176

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

564.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 18 / 2013

Transaction ID : E735C823-BA69-476B-9

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. David Levine

Mailing Address 19271 Montgomery Village Ave Ste H

City State Zip Code
 Montgomery Village MD 20886-5029

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 14 / 2013

Transaction ID : 52C39DDB-B057-4562-B

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1865.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Eric Lichtenstein

Mailing Address 19213 Union Tpke

City

Fresh Meadows

State

NY

Zip Code

11366-1865

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 02 / 2013

Transaction ID : 11E40AF4-7AD7-45C3-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jeffrey Todd Liegner

Mailing Address Bldg A

350 Sparta Ave

City

Sparta

State

NJ

Zip Code

07871-1150

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

11 / 05 / 2013

Transaction ID : F7AD4A94-1FF8-4C71-A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Edward Lim

Mailing Address 144 N Main St

City

Branford

State

CT

Zip Code

06405-3044

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 15 / 2013

Transaction ID : D094F808-4FE5-4771-A

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Richard Lindstrom

Mailing Address Ste 200

9801 Dupont Ave S

City

Bloomington

State

MN

Zip Code

55431-3200

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

11 / 01 / 2013

Transaction ID : 2DF8B614-48C8-4E29-9

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Robert Lingua

Mailing Address 1070 S Romano Ct

City

Anaheim

State

CA

Zip Code

92808-2434

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 25 / 2013

Transaction ID : 6D8C668D-B472-4B18-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. William Lipsky

Mailing Address 11550 Fuqua St Ste 205

City

Houston

State

TX

Zip Code

77034-4537

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 15 / 2013

Transaction ID : 330D2A70-1E4B-464B-9

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Samuel Lo

Mailing Address Ste 418

1441 Kapiolani Blvd

City

Honolulu

State

HI

Zip Code

96814-4400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 05 / 2013

Transaction ID : FF0D2B5F-F466-4562-8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. James Luu

Mailing Address 2770 N. Union Blvd.

Suite 140

City

Colorado Springs

State

CO

Zip Code

80909-1183

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 16 / 2013

Transaction ID : E4C3F471-87AA-4D32-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Mary Gerard Lynch

Mailing Address 3845 Club Dr NE

City

Atlanta

State

GA

Zip Code

30319-1109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 01 / 2013

Transaction ID : AFE35A93-C3D2-493F-B

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 49 OF 90
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Stephen Magie

Mailing Address 924 Main St

City State Zip Code
 Conway AR 72032-5424

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

11 / 15 / 2013

Transaction ID : 04D84120-DC7B-4F32-8

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

B. Ben Mahan

Mailing Address 926 N Jackson St
 PO Box 1118

City State Zip Code
 Tullahoma TN 37388-1118

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 08 / 2013

Transaction ID : ABA9EABA-9523-443B-B

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Louis Maisel

Mailing Address PO Box 547

City State Zip Code
 New City NY 10956-0547

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

398.00

Date of Receipt

11 / 14 / 2013

Transaction ID : 65E4E742-C697-4348-9

Amount of Each Receipt this Period

199.00

SUBTOTAL of Receipts This Page (optional)..... ►

1814.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Sid Mandelbaum

Mailing Address 178 East 71st Street

City State Zip Code
 New York NY 10021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 18 / 2013

Transaction ID : 3F1D0353-E072-482E-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Delia Manjoney

Mailing Address 2720 Main St

City State Zip Code
 Bridgeport CT 06606-5308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

11 / 01 / 2013

Transaction ID : 6897D81D-F15B-475C-8

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

C. Francis Manning

Mailing Address 2115 Noll Dr

City State Zip Code
 Lancaster PA 17603-7600

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 06 / 2013

Transaction ID : B3B4BE77-CAAE-4411-9

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Lisa Mansueto

Mailing Address 1709 W. Glacier Way

City State Zip Code
 Chandler AZ 85248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 09 / 2013

Transaction ID : 406B0FDE-B333-4B3E-8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Richard Marcello

Mailing Address 1110 N El Dorado Pl

City State Zip Code
 Tucson AZ 85715-4606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 16 / 2013

Transaction ID : A1728ADB-22AD-4BE6-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Thomas Marvelli

Mailing Address 6273 Granbury Rd

City State Zip Code
 Fort Worth TX 76133

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 15 / 2013

Transaction ID : 91031CEE-9421-4D52-B

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)..... ►

760.42

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Benjamin Mason

Mailing Address 1110 Eagle Ridge Rd

City

Cedar Falls

State

IA

Zip Code

50613-1514

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

11 / 15 / 2013

Transaction ID : 7E412F75-C2E5-41CD-B

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Paul Maurer

Mailing Address 3708 N Roosevelt Blvd

City

Key West

State

FL

Zip Code

33040-4533

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

11 / 12 / 2013

Transaction ID : F533F79A-57C0-4D0B-9

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Jose Mayans

Mailing Address 907 W 2nd St

City

Odessa

State

TX

Zip Code

79763-4305

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 16 / 2013

Transaction ID : BDD27D94-EE54-407C-8

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

491.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Robert Mazzoli

Mailing Address 806 1st St

City State Zip Code
Steilacoom WA 98388-1706

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 17 / 2013

Transaction ID : 05C6B695-E50E-4B88-A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. James McCaffery

Mailing Address 223 N Guadalupe St PMB 478

City State Zip Code
Santa Fe NM 87501-8597

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self

ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2013

Transaction ID : 785AF1EC-93D6-4098-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Megan McChesney

Mailing Address 2055 Exchange St Ste 230

City State Zip Code
Astoria OR 97103-3419

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2013

Transaction ID : 533835ED-EA65-4E2F-B

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 OF 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Gary Mehlhorn

Mailing Address 1265 E Primrose St.

City

Springfield

State

MO

Zip Code

65804

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1500.04

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 15 / 2013

Transaction ID : 9A86F42B-C755-4DB7-9

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Calvin MeinMailing Address 9480 Huebner Rd
Ste 310

City

San Antonio

State

TX

Zip Code

78240-1657

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 17 / 2013

Transaction ID : D32BC0E1-2494-4D60-9

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Robert Melendez

Mailing Address 735 Grey Hawk Dr NE

City

Rio Rancho

State

NM

Zip Code

87144-4709

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

541.71

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 29 / 2013

Transaction ID : 7762493D-BB05-40A1-A

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

1791.67

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. James Merritt

Mailing Address 8230 Walnut Hill Ln
Suite 508

City State Zip Code
Dallas TX 75231-4400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 18 / 2013

Transaction ID : 47A68BA7-ACBD-4A50-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Michael Edward Edward Migliori

Mailing Address 120 Dudley St Ste 301

City State Zip Code
Providence RI 02905-2429

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.64

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : 7FA03BBE-42C3-4331-8

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Helen Mintz-Hittner

Mailing Address 1500A California Street

City State Zip Code
Houston TX 77006-2605

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2013

Transaction ID : 3D5BC1C1-D920-4395-8

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

948.33

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Amalia Miranda

Mailing Address 3435 NW 56th St Ste 700

City State Zip Code
 Oklahoma City OK 73112-4442

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1298.30

Date of Receipt

11 / 29 / 2013

Transaction ID : 0D765040-FB85-4A02-A

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Kelly Mitchell

Mailing Address 8701 Toledo Ave

City State Zip Code
 Lubbock TX 79424-4115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 17 / 2013

Transaction ID : 40BF1384-D4F8-4F00-A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Thomas Moore

Mailing Address 2001 Coolidge Rd

City State Zip Code
 East Lansing MI 48823-1378

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 16 / 2013

Transaction ID : 337598DE-C46B-43AB-9

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

833.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Richard Moors

Mailing Address 7075 N Sharon Ave

City State Zip Code
 Fresno CA 93720-3329

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 12 / 2013

Transaction ID : 84128B1B-6F03-40AB-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Michelle Munoz

Mailing Address 3722 Patrick Henry Pl

City State Zip Code
 Agoura Hills CA 91301-3614

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 16 / 2013

Transaction ID : D4810CAF-E7B0-4A64-B

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Todd Murdock

Mailing Address 700 W Kent

City State Zip Code
 Missoula MT 59801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 07 / 2013

Transaction ID : 6C6FD7E3-5A15-4A07-A

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

1230.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Sok Nam

Mailing Address 4278 W 3rd St

City

Los Angeles

State

CA

Zip Code

90020-3449

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

749.97

Date of Receipt

11 / 15 / 2013

Transaction ID : 7BE99C38-4834-4A00-A

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Arvind Neelakantan

Mailing Address 9600 N Central Expy Ste 100

City

Dallas

State

TX

Zip Code

75231-5078

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 26 / 2013

Transaction ID : C56FB5AA-0E21-47C0-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. William Nunery

Mailing Address 7404 N Park Ave

City

Indianapolis

State

IN

Zip Code

46240-3029

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 07 / 2013

Transaction ID : 8AD1B3F6-72F8-4DE1-8

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

948.33

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Michael O'Brien

Mailing Address 618 Tollgate Rd

City State Zip Code
Warwick RI 02886

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 16 / 2013

Transaction ID : 1491A161-77C1-4AFB-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Alvaro O'Byrne

Mailing Address 3205 Henderson Bayou Rd

City State Zip Code
Lake Charles LA 70605-4030

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

11 / 01 / 2013

Transaction ID : EBFEOC0E-B6E5-4579-8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. James William O'Neil

Mailing Address 3408 E Cherokee St

City State Zip Code
Phoenix AZ 85044-3501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

398.00

Date of Receipt

11 / 18 / 2013

Transaction ID : 51F8143E-8D49-42C4-B

Amount of Each Receipt this Period

199.00

SUBTOTAL of Receipts This Page (optional)..... ►

929.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Kelly Patrick O'Neill

Mailing Address 3054 Fairfield Avenue

City State Zip Code
Cincinnati OH 45206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.34

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 02 / 2013

Transaction ID : 8D54DF51-35BE-469F-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Michael Oats

Mailing Address PO Box 581

City State Zip Code
North Falmouth MA 02556

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 11 / 2013

Transaction ID : 2CF271C7-459C-4AB5-B

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Thomas Omar Oei

Mailing Address 1100 N Main Ave

City State Zip Code
San Antonio TX 78212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 16 / 2013

Transaction ID : 8F41D47B-69DD-444E-A

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

2500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Sunday Olatunji

Mailing Address 3228 Cherrywood Ln

City State Zip Code
 Eau Claire WI 54701-6025

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 15 / 2013

Transaction ID : 46AABDBE-42A4-42BA-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Paul Orloff

Mailing Address 178 E 71st St

City State Zip Code
 New York NY 10021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 15 / 2013

Transaction ID : 039D67FA-EE64-48E4-A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Stephen Orr

Mailing Address 15840 Medical Dr S Ste A

City State Zip Code
 Findlay OH 45840-7833

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 17 / 2013

Transaction ID : 51112692-67BC-47A8-8

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Thomas Patrianakos

Mailing Address 5683 N Milwaukee Ave

City

Chicago

State

IL

Zip Code

60646-6220

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 25 / 2013

Transaction ID : B19F2618-8861-476C-9

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ron Pelton

Mailing Address 2770 Union Blvd
Suite 100

City

Colorado Springs

State

CO

Zip Code

80909

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 14 / 2013

Transaction ID : 4CE3A12D-6B68-44F1-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Julie Perry

Mailing Address Ste 200
999 Adams St

City

St Helena

State

CA

Zip Code

94574-1171

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.33

Date of Receipt

11 / 15 / 2013

Transaction ID : 3DD28986-1682-4506-A

Amount of Each Receipt this Period

41.63

SUBTOTAL of Receipts This Page (optional)..... ►

656.63

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Virginia Burns Petitto

Mailing Address Ste 301

4340 W Newberry Rd

City

Gainesville

State

FL

Zip Code

32607-2557

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 17 / 2013

Transaction ID : D5F7F0EE-D8BF-461C-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Lawrence Piazza

Mailing Address PO Box 1539

City

Blue Hill

State

ME

Zip Code

04614-1539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1083.35

Date of Receipt

11 / 15 / 2013

Transaction ID : 4DDD2777-3461-4278-B

Amount of Each Receipt this Period

83.37

Full Name (Last, First, Middle Initial)

C. Judith Piros

Mailing Address 2 Jackson Boulevard

City

Savannah

State

GA

Zip Code

31405

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 07 / 2013

Transaction ID : ECCAA36C-9866-4121-9

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1083.37

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

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 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Lawrence Platt

Mailing Address 3805 Spring St

City	State	Zip Code
Racine	WI	53405-1667

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2013			

Transaction ID : 7F52CBA2-A8C1-4844-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. John PollackMailing Address Illinois Retina Associates
300 Barney Dr, Ste D

City	State	Zip Code
Joliet	IL	60435

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2013			

Transaction ID : 6A7E0135-2F3A-4C59-9

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Scott Pomerantz

Mailing Address 523 Forest Ave

City	State	Zip Code
Paramus	NJ	07652

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			14			2013			

Transaction ID : 3B0F55C1-8969-4BEA-A

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

1230.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Dustin Pomerleau

Mailing Address 195 Fore River Pkwy Ste 480

City State Zip Code
 Portland ME 04102-2787

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

11 / 25 / 2013

Transaction ID : 118507E2-5398-46A5-8

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. Seth David Potash

Mailing Address 170 Maple Ave

City State Zip Code
 White Plains NY 10601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 20 / 2013

Transaction ID : 927DD4BC-64D2-4701-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Thomas Prater

Mailing Address 1265 E Primrose St

City State Zip Code
 Springfield MO 65804-4278

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 07 / 2013

Transaction ID : BB7C62B7-CB0D-4A16-A

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

940.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. C. Downey Price

Mailing Address Ste 160

333 N Rivershire Dr

City

Conroe

State

TX

Zip Code

77304-2711

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 18 / 2013

Transaction ID : 5F05AEE6-63FE-45E2-A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Carmen Puliafito

Mailing Address 1975 Zonal Ave

KAM 500

City

Los Angeles

State

CA

Zip Code

90033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 15 / 2013

Transaction ID : 56C64141-9E56-4B2A-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Todd Purkiss

Mailing Address Ste 125

6400 Dutchmans Pkwy

City

Louisville

State

KY

Zip Code

40205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 16 / 2013

Transaction ID : 24C49AF4-3B32-4FC4-9

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

980.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Barton Ramsey

Mailing Address 440 W Martin Luther King Blvd

City State Zip Code
 Danville KY 40422-2037

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 08 / 2013

Transaction ID : FA1AD952-9FB4-4F72-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Annette Reda

Mailing Address Ste 101
 885 Kempsville Rd

City State Zip Code
 Norfolk VA 23502-3800

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 20 / 2013

Transaction ID : 142FC9EB-FEE7-4AE9-A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Alan Rehmar

Mailing Address Ste 220
 262 Neil Ave

City State Zip Code
 Columbus OH 43215-2362

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 15 / 2013

Transaction ID : 8868B3DE-8B1D-4D5B-B

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. John Reifschneider

Mailing Address 1001 6th Ave Ste 100

City

Leavenworth

State

KS

Zip Code

66048-3248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2013

Transaction ID : 82ACF367-3F1E-4AB2-9

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Eric Reish

Mailing Address 6205 Bayou Crossing Dr

City

Alexandria

State

LA

Zip Code

71303-7005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

274.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 04 / 2013

Transaction ID : FCC01DF4-FB8B-42E1-8

Amount of Each Receipt this Period

199.00

Full Name (Last, First, Middle Initial)

C. Chester Ridenour

Mailing Address 398 Highgate Ave

City

Worthington

State

OH

Zip Code

43085-3019

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2013

Transaction ID : 3191653F-FC5F-42CC-9

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

929.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 OF 90

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Harold Ross

Mailing Address 23 Lake Lacoma Dr

City State Zip Code
Pittsford NY 14534

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 16 / 2013

Transaction ID : B3EC6022-EE59-4257-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Brian Paul Roth

Mailing Address 1022 West Ivy

City State Zip Code
Moses Lake WA 98837

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 08 / 2013

Transaction ID : B2B54F83-FD41-4710-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. John Rowda

Mailing Address West Coast Eye Institute Lecanto
240 N Lecanto Hwy

City State Zip Code
Lecanto FL 34461

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 17 / 2013

Transaction ID : E2EF7E1A-A094-4CDA-9

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 70 OF 90

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Mark Ruchman

Mailing Address 1449 Old Waterbury Rd
Suite 203

City State Zip Code
Southbury CT 06488

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.45

Date of Receipt

11 / 15 / 2013

Transaction ID : 671B51AB-9157-4DFD-9

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Jay Rudd

Mailing Address 345 College St SE
Suite C

City State Zip Code
Lacey WA 98503-1014

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 01 / 2013

Transaction ID : A25BAF2C-693E-40D8-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dawn Rush

Mailing Address Ste 203
2649 Strang Blvd

City State Zip Code
Yorktown Heights NY 10598-2938

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 16 / 2013

Transaction ID : CC334E62-BBC7-4BB4-B

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1041.67

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. John Saurino

Mailing Address 220 W 71st St

City State Zip Code
Tulsa OK 74132-2011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 08 / 2013

Transaction ID : EC936767-14C8-4876-B

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Paul Schultz

Mailing Address 1408 E Barnett Rd

City State Zip Code
Medford OR 97504-8279

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.33

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 29 / 2013

Transaction ID : 825E276B-FFA5-4DAC-9

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

C. David Seidman

Mailing Address Suite 608
6231 Leesburg Pike

City State Zip Code
Falls Church VA 22044

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 25 / 2013

Transaction ID : F2F425CB-709A-410C-9

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

1573.33

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Stuart Seiff

Mailing Address 2100 Webster St
Ste 214

City State Zip Code
San Francisco CA 94115-2375

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.94

Date of Receipt

11 / 29 / 2013

Transaction ID : 50DC3CE6-F6AA-4433-8

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Glenn Shear

Mailing Address 5690 Glen Errol Rd NW

City State Zip Code
Atlanta GA 30327-4854

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 05 / 2013

Transaction ID : 342169E8-AA00-4008-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Hayne Sheffield

Mailing Address 13414 Medical Complex Dr Ste 4

City State Zip Code
Tomball TX 77375-3333

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

11 / 18 / 2013

Transaction ID : A85A467F-FBEE-40AD-9

Amount of Each Receipt this Period

415.00

SUBTOTAL of Receipts This Page (optional)..... ►

945.42

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. David Shulman

Mailing Address Ste 127

999 E Basse Rd

City

San Antonio

State

TX

Zip Code

78209-1802

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.64

Date of Receipt

11 / 15 / 2013

Transaction ID : 74BE7054-CAB0-4AB4-A

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Joseph Sidikaro

Mailing Address Ste 410

435 N Roxbury Dr

City

Beverly Hills

State

CA

Zip Code

90210-5006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 05 / 2013

Transaction ID : 8B1D8121-DD3F-480D-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Raymond Sjaarda

Mailing Address Ste 605

6569 N Charles St

City

Towson

State

MD

Zip Code

21204-6833

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 15 / 2013

Transaction ID : DD4B7EA9-12C9-4997-A

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1583.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Lionel Smith

Mailing Address 13556 Quail Grove Ave

City State Zip Code
 Baton Rouge LA 70809-5264

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 26 / 2013

Transaction ID : B12D0E9B-6A36-4A3A-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Kerry Solomon

Mailing Address 1101 Clarity Rd Ste 100

City State Zip Code
 Mount Pleasant SC 29464-3138

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 14 / 2013

Transaction ID : F4ACD059-BB00-4076-8

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Joseph Spadafora

Mailing Address 21275 Olean Blvd

City State Zip Code
 Port Charlotte FL 33952-6704

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 01 / 2013

Transaction ID : 20D26F1B-FCCA-4089-B

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

2000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Rand Spencer

Mailing Address 2828 Hood St Apt 1107

City State Zip Code
 Dallas TX 75219-7809

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

608.36

Date of Receipt

11 / 05 / 2013

Transaction ID : 3F67DF42-4024-4808-B

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Rand Spencer

Mailing Address 2828 Hood St Apt 1107

City State Zip Code
 Dallas TX 75219-7809

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

608.36

Date of Receipt

11 / 15 / 2013

Transaction ID : D89BEACD-F175-430A-A

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Stephen Sramek

Mailing Address 1025 Regent St

City State Zip Code
 Madison WI 53715-1248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

11 / 17 / 2013

Transaction ID : E9D09E3C-AB0C-445D-B

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

645.42

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Stephen Sramek

Mailing Address 1025 Regent St

City

Madison

State

WI

Zip Code

53715-1248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

11 / 17 / 2013

Transaction ID : DEFE05DE-E7DB-4EC5-8

Amount of Each Receipt this Period

2250.00

Full Name (Last, First, Middle Initial)

B. Augustus Stern

Mailing Address 704 Banneker

City

Annapolis

State

MD

Zip Code

21401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 15 / 2013

Transaction ID : 0916C737-D06C-4EDF-A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Cameron Stone

Mailing Address 21 Medical Park Dr

City

Asheville

State

NC

Zip Code

28803-2493

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1749.98

Date of Receipt

11 / 15 / 2013

Transaction ID : 4C10192E-29E2-431E-A

Amount of Each Receipt this Period

208.33

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3458.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 OF 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Kevin Sullivan

Mailing Address 1759 PRESTWICK DR

City
INVERNESSState Zip Code
IL 60067FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 09 / 2013

Transaction ID : 2F729D28-D451-47FA-B

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Charles Sung

Mailing Address 317 N Delaware St

City
KennewickState Zip Code
WA 99336-7750FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 15 / 2013

Transaction ID : 0FC348C2-FFB1-4C24-B

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. John Thomas

Mailing Address 3519 Friendsville Road

City
WoosterState Zip Code
OH 44691FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 07 / 2013

Transaction ID : D36D6258-9916-4BD2-8

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1406.67

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Gregory Lee Thorgaard

Mailing Address 135 Deppe Ln

City State Zip Code
 Ottumwa IA 52501-1218

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

11 / 06 / 2013

Transaction ID : 07D80539-B91D-4917-9

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Trexler Topping

Mailing Address Ste 600
 50 Staniford St

City State Zip Code
 Boston MA 02114-2539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 16 / 2013

Transaction ID : BD44FD57-6783-4407-A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Robert Torti

Mailing Address 2625 Bolton Boone Dr

City State Zip Code
 Desoto TX 75115-2011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 17 / 2013

Transaction ID : 3A244BA5-C7E7-4353-B

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 79 OF 90

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Sebastian Troia

Mailing Address 515 N 98th St

City State Zip Code
 Omaha NE 68114-2344

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 19 / 2013

Transaction ID : 5848D0CC-4216-4B1E-9

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Stephen Uretsky

Mailing Address 2021 New Rd Ste 6

City State Zip Code
 Linwood NJ 08221-1045

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 21 / 2013

Transaction ID : 197A1468-9FAA-4C57-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Gerard Henderik Van Rens

Mailing Address 1801 Nh Medical Park Dr

City State Zip Code
 Wilmington NC 28403-5351

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 07 / 2013

Transaction ID : E1410407-75FF-4DE9-B

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

1865.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 80 OF 90

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Daniel Wachtel

Mailing Address 515 Church St

City

Bound Brook

State

NJ

Zip Code

08805

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 04 / 2013

Transaction ID : AAF12558-4FA1-4AEA-9

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Stephen Waltman

Mailing Address 35 Frontenac Estates Dr

City

St Louis

State

MO

Zip Code

63131-2615

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 26 / 2013

Transaction ID : CAF502CB-8E4C-4BF4-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Hai-Shiuh Wang

Mailing Address 10 Dutton Dr

City

Youngstown

State

OH

Zip Code

44502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 01 / 2013

Transaction ID : 1661A07C-A7AB-4691-9

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

940.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Nan Wang

Mailing Address 6610 Brompton Rd

City State Zip Code
Houston TX 77005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 01 / 2013

Transaction ID : A950BCA7-5BB2-479B-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Damon Welch

Mailing Address 407 Ave K SE

City State Zip Code
Winter Haven FL 33880

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 05 / 2013

Transaction ID : FB36CD03-A126-4EA2-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Robert Welch

Mailing Address 526 H Shoup Ave West

City State Zip Code
Twin Falls ID 83301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 16 / 2013

Transaction ID : BC93C5C6-BA4F-40F5-A

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

1365.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 OF 90
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Jeffrey Wentzloff

Mailing Address 2265 Cove Dr

City State Zip Code
 Traverse City MI 49685

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 06 / 2013

Transaction ID : A46EECA1-640D-4FD4-B

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Matthew Wheatley

Mailing Address 924 Highland Ave

City State Zip Code
 Westfield NJ 07090-3074

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 15 / 2013

Transaction ID : AE1E944B-0271-4561-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Jeffrey Whitman

Mailing Address Ste 400
 2801 Lemmon Ave

City State Zip Code
 Dallas TX 75204-2399

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1416.67

Date of Receipt

11 / 15 / 2013

Transaction ID : D631270B-6F73-43BA-A

Amount of Each Receipt this Period

83.37

SUBTOTAL of Receipts This Page (optional)..... ►

1583.37

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Joseph Wilhelm

Mailing Address 702 W Lake Lansing Rd

City

East Lansing

State

MI

Zip Code

48823-8526

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

11 / 04 / 2013

Transaction ID : 1AAA5396-38C0-433F-A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Joseph Wilhelm

Mailing Address 702 W Lake Lansing Rd

City

East Lansing

State

MI

Zip Code

48823-8526

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

11 / 15 / 2013

Transaction ID : F42C008C-982F-49FA-A

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Donald Wilson

Mailing Address 10624 Torrey Pines Cir

City

Carmel

State

IN

Zip Code

46032-9588

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 04 / 2013

Transaction ID : 2F4BA9BE-93E5-4144-A

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2865.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Robert Wirthlin

Mailing Address 1709 S Upper Terrace Rd

City State Zip Code
 Spokane WA 99203-3558

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

11 / 16 / 2013

Transaction ID : 42942CA0-4112-470E-9

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Jeremy Wolfe

Mailing Address 3535 West 13 Mile Rd Ste 344

City State Zip Code
 Royal Oak MI 48073

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1458.38

Date of Receipt

11 / 15 / 2013

Transaction ID : 7B9D026B-1126-4BFE-8

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Jeremy Wolfe

Mailing Address 3535 W 13 Mile Rd
 Ste 344

City State Zip Code
 Royal Oak MI 48073-6770

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1458.38

Date of Receipt

11 / 21 / 2013

Transaction ID : 443D8E1BE0AD2BF955C3

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

916.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Harold Woodcome

Mailing Address 690 Eddy Street

City

Providence

State

RI

Zip Code

02903

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 14 / 2013

Transaction ID : 4E92B48C-0E29-4DEF-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Marco Zarbin

Mailing Address 26 Sunset Dr

City

Chatham

State

NJ

Zip Code

07928-1243

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 15 / 2013

Transaction ID : 3E36724B-3247-4120-8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Scott Zeigen

Mailing Address 130 Almshouse Rd Ste 202-B

City

Richboro

State

PA

Zip Code

18954-1130

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 08 / 2013

Transaction ID : 756C0648-215E-4A5B-A

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Steven Zelko

Mailing Address 309 West Quinto St

City

Santa Barbara

State

CA

Zip Code

93105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2013

Transaction ID : 06363AF5-B3AA-46B2-9

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

113494.06

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 87 OF 90

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City San Francisco State CA Zip Code 94163

Purpose of Disbursement
AMEX charges - Nov 2013

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 30 / 2013

Transaction ID : 010C72A3A6F3F9A65C7

Amount of Each Disbursement this Period

2.42

Full Name (Last, First, Middle Initial)

B. Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City San Francisco State CA Zip Code 94163

Purpose of Disbursement
Bank charges - Nov 2013

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 30 / 2013

Transaction ID : 9D3977AA2FB66674FC6

Amount of Each Disbursement this Period

85.48

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►

87.90

TOTAL This Period (last page this line number only)..... ►

87.90

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 88 OF 90

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Billy Long for Congress

Mailing Address 3246 E. Ridgeview Street

City	State	Zip Code
Springfield	MO	65804

Purpose of Disbursement
2014 Primary

011

Candidate Name

William H. Long II

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		05		2013

Transaction ID : E47A52F733684A81959

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Larson for Congress

Mailing Address PO Box 261172

City	State	Zip Code
Hartford	CT	06126-1172

Purpose of Disbursement
2014 Primary

011

Candidate Name

John B. Larson

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		05		2013

Transaction ID : F5BCEB47C75E038666F

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. McKinley for Congress

Mailing Address PO Box 642

City	State	Zip Code
Morgantown	WV	26507

Purpose of Disbursement
2014 Primary

011

Candidate Name

David B. McKinley

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: WV District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		05		2013

Transaction ID : DFD8583782188F1E77B

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 89 OF 90

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Tim Scott for Senate

Mailing Address 1405 Ashley River Road

City	State	Zip Code
Charleston	SC	29407

Purpose of Disbursement
2014 Primary

011

Candidate Name

Timothy Eugene Scott

Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2013

Transaction ID : 7E2E80B530E0C4E35A9

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Wyden for Senate

Mailing Address 232 NE 9th Avenue

City	State	Zip Code
Portland	OR	97232

Purpose of Disbursement
2016 Primary (As disclosed in Nov Monthly FEC report.)

011

Candidate Name

Ron Wyden

Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

Transaction ID : 4A52354D47B1DB113C0

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Wyden for Senate

Mailing Address 232 NE 9th Avenue

City	State	Zip Code
Portland	OR	97232

Purpose of Disbursement
2016 General (redesignation of 10/31/13 contribution)

011

Candidate Name

Ron Wyden

Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: OR District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2013

Transaction ID : FA160FB34FB9D886A31

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1000.00

4000.00

	21b		22		23		24		25		26
	27	X	28a		28b		28c		29		30b

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Aaron Holtebeck

Date of Disbursement

Mailing Address 200 S Water St Unit 108

M / D / Y

11 18 2013

City	State	Zip Code
Milwaukee	WI	53204-1497

Transaction ID : 547DAFA318945E6DEE8

Purpose of Disbursement

010

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

365.00

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional).....

365.00

TOTAL This Period (last page this line number only).....

365.00